



Overview: Real People, Real Recovery

Real people...

Dependence on alcohol and/or drugs is a widespread health and social problem that, in some way, negatively affects as much as 69 percent of the country.¹ Everyone has a unique story to share. This September, for the 19th annual **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment is urging everyone to speak up about their recovery experiences. To help start the conversation, and to coincide with this year's theme, **"Join the Voices for Recovery: Real People, Real Recovery,"** we are highlighting individual stories in depth.

Donald J. Kurth, M.D., is chief of addiction medicine at the Loma Linda University Behavioral Medicine Center and an associate professor in the Departments of Psychiatry and Preventive Medicine. He also is the mayor of the City of Rancho Cucamonga, CA. Don is in long-term recovery for both alcohol and drug addiction and is an example of the "real people, real recovery" theme. The following is his story.

The beginning...



Donald Kurth

"I count my recovery starting with my sobriety date, October 8, 1993; it was a long journey to get to that day. I was just a kid, really, when I started getting involved with alcohol and drugs. I come from a family where drinking is a part of many social activities and it seemed to me that getting drunk and knowing how to drink was a rite of passage when I was growing up.

"I was 12 the first time I got intoxicated. I asked my uncle at Christmas if you could get drunk off wine, and he said, 'Yes, I suppose you could, if you've had enough.' I kept sneaking sips here and there. I just drank it down; I felt drunk and I liked it.

"When I was about 14, I started drinking with my buddies. Even then, I was worried about my drinking, but I didn't seek help. Instead, I got into drugs. Living in the '60s, drug abuse was part of the culture. If you wanted to be cool, you had to be using drugs. That might not have really been the case, but that's how it seemed to me."

Similar to Don, millions of people suffer from substance use disorders every day, sometimes for years. A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including prescription drugs.² Specifically, in 2006, an estimated 22.6 million people aged 12 or older (9.2 percent of the population) had a substance use disorder in the past year.³ The facts show it is not uncommon and can affect people regardless of their age, race, gender, ethnicity, class, employment status, or community.⁴

Don's family fostered a culture of drinking, which is the case with many people who depend on alcohol and drugs. Families with parents who have a substance use disorder experience many social problems, including an increased risk of their own children misusing alcohol and/or drugs themselves. Children from these families also are more likely to have trouble with delinquency, school performance, and emotional development, such as hyperactivity and aggressive behavior.⁵ Addiction, as you will see in Don's story, does not just stem from one's environment.



A medical illness...

"I started using heroin before Christmas break my senior year of high school and got addicted right away. The rest of the year, I would show up for class to be counted present and then leave. I think the school actually felt sorry for me because I had so many problems, so I ended up graduating on time. I don't think they passed me just to pass me—I had done well in school before and I think that helped—but I was physically dependent on heroin. If I didn't use, I would get physically ill, so I kept using."

As Don found, it is easy to become physically and psychologically dependent on a substance. Furthermore, addiction often co-occurs with mental health disorders. It is a medical condition that can be effectively treated, just as numerous other illnesses are treatable.^{6, 7} Treatment for drug use disorders is just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.⁸

Substance use disorders are surprisingly common compared with the number of people who suffer from other well-known diseases. One in four deaths each year is attributable to alcohol, tobacco, and illicit drug use.⁹ Compared with the 2006 estimate that 22.6 million people aged 12 or older had a substance use disorder in the past year¹⁰:

- 15.2 million adults in the United States had diabetes as of 2007.¹¹
- Approximately 1.44 million Americans were expected to be diagnosed with cancer and 560,000 were predicted to die from the disease in 2007.¹²
- 15.8 million people today suffer from coronary heart disease.¹³
- More than 5 million Americans have Alzheimer's disease.¹⁴

Addiction can have a detrimental effect on a person's health. There are more deaths, illnesses, and disabilities from substance use disorders than from any other preventable health condition. Heavy drinking contributes to illness in each of the top three causes of death: heart disease, cancer, and stroke. Cirrhosis (liver scarring), the 10th leading cause of death, is largely preventable—nearly half of all cirrhosis deaths are linked to alcohol. Drug-related deaths are typically underestimated, as many tolls do not take into account deaths from associated diseases, such as hepatitis, tuberculosis, homicides, falls, and motor vehicle crashes.¹⁵

As Don's journey shows, treatment is effective in offering people a way to overcome substance use disorders and commit to long-term recovery.

Into treatment...

"I had been seeing a few doctors and tried to get on methadone, a medication used to treat opiate dependence, but the doctor said I was too young and hadn't been through enough treatment programs to qualify for the drug. When I was homeless and living in the streets in New York, I heard about a treatment facility in the city and went to them for help, but they didn't have any beds available. They said that if I came back to meetings every day, I might be able to get a bed. I did gradually decrease my heroin use for a little while, but kept on using cocaine.

"I got arrested August 12, 1969, and pled guilty. The judge gave me probation with a stipulation that I had to enter a drug program. My probation officer found me a residential program, but before I went, I spent some brief time in jail. While I was there, one of the guys came to me and said, 'Hey kid, if you really want to get clean, you can do it in that program you are going to. I know, because I was there once.' When I asked him why he hadn't stayed, he explained that he was too old to change. He was only 24 (I was 20 at the time). Nevertheless, he was inspirational to me and I entered the program believing it might be my only chance to change my life if I wanted to.

“My treatment program was a therapeutic, residential community geared toward people addicted to drugs. Looking back, treatment was extremely different in the late 1960s and early 1970s than it is now; the rules were much more lenient. Since this program was less strict than was necessary for my specific needs, my chance to develop a truly abstinence-based recovery was delayed for several years.

“Once I got to treatment, I was fully committed to it—almost too much. The counselors didn’t want to believe that I was truly committed and motivated to change, but I didn’t think there were any other chances for me. That’s the thing about addiction; you never know when your last day is going to be. I felt a lot safer in treatment, but it was still extremely tough.

“I had entered treatment on December 29, 1969, and was there for more than two years. After that, I never touched drugs again.

“In treatment, you learn to overcome the challenges that you will continue to face in life, but you do it in a protected environment. There is a special bond between people who have been in a therapeutic community and we are all very grateful even though it was a hard thing to go through.”

Treatment’s success and effectiveness hinges on whether or not a provider properly identifies the best treatment option to meet the needs of the person who seeks help. Such unique factors include what substances were abused, a person’s cultural background, family responsibilities, other health considerations, and faith or religious preferences.¹⁶ For more information on the effectiveness of treatment, please see “A Guide to Treatment” in this planning toolkit.

As Don experienced, accessing treatment can be difficult. In 2006, while 22.6 million people aged 12 or older met the criteria for a substance use disorder in the past year, only 4 million people (1.6 percent of population) actually received treatment for it.¹⁷ This is troubling due to the positive impact treatment can have on people in need, their family members, and entire communities.

Substance use disorders are treatable diseases. Up to 70 percent of patients in treatment for alcohol dependence are successful, cocaine treatment is successful for 60 percent, and opiate treatment is successful for up to 80 percent of those in treatment.¹⁸ People make substantial progress through treatment and recovery, and success can be compared with that of other chronic, relapsing conditions, such as asthma, diabetes, and hypertension. Since substance use disorders can be a recurring, chronic disease, a person might experience more than one round of intense treatment before long-term recovery is possible.

Treatment for a substance use disorder helps the person beyond just eliminating alcohol and/or drug use. More than half of the people assessed in a recent study reported that drug abuse treatment had improved their health, helped them address their emotional or mental health problems and plan their future, and improved their family relationships.¹⁹ The key is to make sure that individualized treatment and recovery supports are available to every American in need of care whenever treatment is requested.

Rejected...And then bouncing back...

“Unfortunately, a huge wall of discrimination exists for individuals who have been in jail or have had legal problems with drugs. Luckily, my perseverance helped me overcome some of the barriers to circumvent any preconceived notions others had.

“When I was using drugs before entering treatment, I had flunked out of college twice. To graduate from my treatment program, I needed to make progress toward a defined goal, such as going back to school. The process of applying, getting in, and finishing school wasn’t easy due to the discrimination people in recovery face. I applied to a small university and when they turned me down, I was crushed. I went to speak with the dean of students and she asked, ‘Why would we want to take someone like you? We have lots of applicants who don’t have these problems.’



TARGETED OUTREACH

"I felt dejected and made an appointment with the president of the university. I said that I wanted to take two classes at night. At first he just shook his head and told me, 'No.' He could see the disappointment in my eyes. But he thought for a minute and said, 'Okay, I'll give you a chance. I'll let you take one class and if you do well, come back and talk to me.'

"Determined to succeed, I bought some study guides that recommended simple things to do, such as showing up for class, paying attention, and taking notes. These basic skills helped me get an A in this first class. Invited back for the next semester, I took two classes, then some more after that, majoring in psychology. Eventually, after I was able to take out a loan and got financial support from a recovery organization, I was able to go to school full time and kept getting straight As.

"My mentor at school was a Ph.D. and chair of my department. He said that if I wanted to go to a more prestigious college, he would write me a recommendation. I thought, as hard as it was to get into this college, how much harder would it be to get into a better college? I applied to four Ivy League schools. After getting rejected by three of them, I received an acceptance from Columbia University in New York City. I was so grateful, but needed to figure out how to afford it. The school saw to it that I got the financial support I needed. I was, and still am, grateful to Columbia for giving me the opportunity. I found out later that I had been rejected from the others because they thought I might fall under the academic pressure and leave a 'black mark' on the university.

"I continued to face obstacles due to my drug abuse when applying to medical schools. Some rejected me right off the bat, even though I had great recommendations and grades. Others interviewed me, but were very negative, only focusing on my past and the things I did before treatment. At Columbia, I could tell that the interviewer was excited to talk to someone who had overcome so much. He was so enthusiastic about me and my future prospects and I knew he would advocate for me.

"It is important for people in recovery to learn perseverance. Other people's stories can be extremely inspiring, and if I could accomplish what I have so far, other people can, too."

Stigma and discrimination, which detract from the character or reputation of a person, continue to be strong barriers for those with substance use disorders and their family members.²⁰ Nearly 25 percent of people who needed treatment, but did not receive it, have cited reasons related to stigma, such as a negative effect on a job or concern that it might cause neighbors or the community to have a negative impression.²¹ People in recovery and the general public recognize that stigma, shame, and discrimination against people with substance use disorders and in recovery are problems that must be solved. In fact:

- Nearly a quarter of people in recovery report that they personally have been denied a job, and 12 percent have been denied a promotion.²²
- Two-thirds of the recovery community believe it is important to convey to the public how shame and discrimination hinder the recovery process.²³
- Two-thirds of the general public believe that a stigma exists toward people in recovery from a substance use disorder.²⁴
- 74 percent say that when people are ashamed to talk to others about their own or a family member's addiction, this attitude must change.²⁵
- 64 percent of people believe that a policy banning students with drug convictions from receiving Federal financial aid to pay for college should be changed.²⁶

Don's story shows the true impact of recovery on a person's life. Receiving treatment can increase the probability of obtaining employment and increasing earnings.²⁷ Additionally, reported job problems, including incomplete work, absenteeism, tardiness, work-related injuries, mistakes, and disagreements with supervisors are cut by an average of 75 percent among employees who have received treatment for substance use disorders.²⁸ Don's determination that he gained in treatment, along with his desire to change and others' belief in him, helped him overcome many of these barriers.

Real recovery...

"The best part about recovery is waking up clean and sober every day. It's a much better life overall. When I was using drugs and drinking, I couldn't see that. Now, I have a rich, full life with many exciting things to do. It didn't happen overnight, though. I had to build this life up over many years. Even though I had embarked on a successful career following completion of the drug program, some of my old demons continued to haunt me.

"People with an addiction tend to substitute one substance for another at times. I think I was an alcoholic before I became addicted to heroin and cocaine. I don't think I recognized my dependence on alcohol until the 1980s. Drinking was a normal activity to me and I surrounded myself with people who felt the same.

"But at first, in the early years after I finished my treatment program, I rarely drank. I went back to school and wanted to do well. As the years went by and I started to do well, I wanted to fit in with the other kids, so I started drinking more and more. Eventually, it got away from me.

"In 1993, I entered a treatment program for my alcohol dependence, stayed for 31 days, and got connected with 12-step recovery. This has been the anchor in my recovery.

"I believe treatment should be available upon request for anyone who wants it. We lose so many people every week due to addiction; more than many other diseases that people face. It is the root cause of so many other diseases, such as heart disease and cancer. So many accidents and injuries could be prevented—and many lives could be saved—if we could have just gotten that person into treatment even one day sooner.

"Treatment taught me a lot of lessons that I would not have had otherwise: life skills, perseverance, determination, and not giving up no matter how bleak things look. You just dust yourself off and get yourself back on track; it doesn't matter that all the odds are against you. You have to have a desire to succeed."

Whether you are a family member of someone with a substance use disorder, an employer, a member of the faith community, a civil service worker, or involved in the recovery community, it is important to keep in mind that recovery is different for each individual and his or her family members. When you are celebrating **Recovery Month** with your family and community this September, seek out individual stories to better understand the ups and downs people go through on their road from dependence to long-term recovery, their triumphs, failures, successes, and barriers. Do your part to support every person and his or her family and spread the message to your community that there is hope and recovery is possible.

For more resources and organizations that can help provide treatment, visit the *Recovery Month* Web site at www.recoverymonth.gov. Information on treatment options in your area and the special services available can be found at www.findtreatment.samhsa.gov, a searchable database of more than 11,000 U.S. treatment facilities. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



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